

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025477

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 52

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUN 20 1963

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Doniphan.</u>		c. CITY OR TOWN <u>Doniphan.</u>	
c. FULL NAME OF (If NPT in hospital, give location) HOSPITAL OR INSTITUTION <u>305 Grand Avenue.</u>		d. STREET ADDRESS (If outside, give location) <u>305 Grand Avenue.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ava Pauline Ferguson.</u>			4. DATE OF DEATH Month Day Year <u>June 3, 1963.</u>		
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>white.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10, 1884.</u>	9. AGE (last birthday) <u>79.</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
--	--	---	--

13a. FATHER'S NAME <u>Jim Worley.</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Carter.</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Ferguson (Deceased).</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Glenn Ferguson, Doniphan, Mo.</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastases, Cervical Vertebral</u> DUE TO (b) <u>Renal Cell Ca.</u> DUE TO (c) <u>6 mo.</u> 6 yr.		INTERVAL BETWEEN ONSET AND DEATH <u>6 yr.</u>
---	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	--	------------------------------	--------	-------

21. I attended the deceased from <u>May, '62</u> to <u>death</u> and last saw her alive on <u>6-1-63.</u> Death occurred at <u>4:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE (Degree or title) <u>Gene H. Leroux, M.D.</u>	22b. ADDRESS <u>Doniphan, Mo.</u>	22c. DATE SIGNED <u>6-5-63.</u>
--	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>June 5, 1963.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery.</u>	23d. LOCATION (City, town, or county) <u>Doniphan, Missouri.</u>
---	-----------------------------------	---	---

24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Missouri.</u>	25. DATE RECD. BY LOCAL REG. <u>6-5-63</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1 0910

2 0910

3

4 1

5 2

6

7 0

8 2

9 180X

10

11

12 90-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray Meems

Licensed Embalmer No. 3743

P. O. Address Donipham, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 6-5-63 J.D.